## Form **8871**

## Political Organization Notice of Section 527 Status

**Notice of Section 527 Status** OMB No. 1545-1693 (July 2000) Department of the Treasury Internal Revenue Service **General Information** Part I Employer identification number Name of organization 13:3498716 **American Insurance Association New York State PAC** Mailing address (P.O. Box or number, street, and room or suite number) 1130 Connecticut Avenue, NW **Suite 1000** City or town, state, and ZIP code E-mail address of organization info@aiadc.org 4a Name of custodian of records 4b Custodian's address 1130 Connecticut Avenue, NW Suite 1000 **Amee Dedrick** Washington, DC 20036 5a Name of contact person 5b Contact person's address 1130 Connecticut Avenue, NW Suite 1000 **Amee Dedrick** Washington, DC 20036 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code **Purpose** Describe the purpose of the organization To receive contributions and make expenditures to support candidates for state and local offices. List of All Related Entities (see instructions) 8c Address 8a Name of related entity 8b Relationship 1130 Connecticut Avenue, NW Suite 1000 American Insurance Association Connected Organization Washington, DC 20036 RECEIVED 3 1 2000 OGDEN, UT

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		hly Compensated Employees (see instructions)
9a Name	9b Title	9c Address
		1130 Connecticut Avenue, NW Suite 1000
Leigh Ann Pusey	Treasurer	Washington, DC 20036
		Washington, Do 2000
	-"	
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Under penalties of pe	rjury, I declare that the organization	named in Part I is to be treated as an organization described in section 527 of the Interna uding accompanying schedules and statements, and to the best of my knowledge and belief
it is true, correct, and	complete.	uning accompanying scriedules and statements, and to the best of my knowledge and belief
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Sign Signature of all	uthorized official	<b>▼</b> l Da <b>k</b> e
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